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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009<br/>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>                                                 |                                     | Docket Number (Optional)<br><b>EISN-018US</b> |
| Application Number                                                                                                                                                                                    | 10/507,067 - Conf. #8892            | Filed November 10, 2004                       |
| For MACROCYCLIC COMPOUNDS USEFUL AS PHARMACEUTICALS                                                                                                                                                   |                                     |                                               |
| Art Unit 1626                                                                                                                                                                                         | Examiner                            | S. Young                                      |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                |                                     |                                               |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                       |                                     |                                               |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                | <u>Fee</u><br>\$130                 | <u>Small Entity Fee</u><br>\$65               |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                               | \$490                               | \$245                                         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))<br><b>Minus \$130 previously paid</b>                                                                                            | <u>Fee</u><br>\$1110<br><b>-130</b> | <u>Small Entity Fee</u><br>\$555              |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                              | \$1730                              | \$865                                         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                              | \$2350                              | \$1175                                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                       |                                     |                                               |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                |                                     |                                               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                           |                                     |                                               |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                 |                                     |                                               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> .                 |                                     |                                               |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                                     |                                               |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                 |                                     |                                               |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                 |                                     |                                               |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,593</u>                                                                                                    |                                     |                                               |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                                                                      |                                     |                                               |
| <u>/Brian C. Trinque, Ph.D./</u><br>Signature                                                                                                                                                         |                                     | <u>December 18, 2009</u><br>Date              |
| <u>Brian C. Trinque, Ph.D.</u><br>Typed or printed name                                                                                                                                               |                                     | <u>(617) 994-0793</u><br>Telephone Number     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                     |                                               |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                       |                                     |                                               |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 18, 2009

Electronic Signature for Brian C. Trinque, Ph.D.: /Brian C. Trinque, Ph.D./